PATENT APPLICATION

DECLARATION AND POWER OF ATTORNEY TOR PATENT APPLICATION

ATTORNEY DOCKET NO. OMT-2R

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COSMETIC COMPOSITION AND METHOD

the specification of which is attached hereto unless the following box is checked:

() was filed on ______ as US Application Serial No. or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119	
			YES: NO:	
			YES: NO:	

Provisional Application

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:

APPLICATION SERIAL NUMBER	FILING DATE	
60/215,087	6/29/2000	

U.S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NUMBER	FILING DATE	STATUS(patented/pending/abandoned)

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) listed below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Timothy H. Van Dyke, Reg. No. 43218

Send Correspondence to:	Direct Telephone Calls To:	
	·	
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1630 Hillcrest Street		
Orlando, Florida 32803		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: David S. Lerner	Citizenship: USA	
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1 0.1 kg	10-3-01	
Inventor's Signature	Date	

10/22/01 4:26PM; ->VAN DYKE & ASSOCIATES, P.A.; #382; PAGE Oct 22 01 04:26p DE OF OB GYN 352 26994 p. 1 SENT BY: VAN DYKE & ASSOCIATES, P.A.; 407 228 0329; OCT-22-01 2:56PM; PAGE 3/3 DESCARATION AND POWER OF ATTURNEY ATTORNEY DOUBLET NO. OMT-2R FOR PATENT APPLICATION (BUMBOOK) Fall Name of Inventor: Greenry Schulte Citizenship: [15A Residence: 1600 SW Archer Road, Gaineaville, Pl. 32610-0294 POH Office Aldreus Same 22-2001 Full Name of Inventor: Citiceaship: Residence: __ Post Office Address: Investor's Signature Date Poll Name of Inventor: Heridence: Post Office Address: Inventor's Signature Date Full Name of Inventor: Citizentalp: Residence: _ Port Office Address: Inventor's Signature Dute Full Name of Inventor: Citizenship: Residence: __ Post Office Address:

Page 2

Date

Date

Citizenthip:

farcator's Signature

Post Office Address:

Investor's Signature

Residence:

Full Name of Inventor: ____

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

REVOCATION OF POWER OF ATTORNEY AND APPOINTMENT OF NEW POWER OF ATTORNEY

APPLICATION NO.:

09/896,566

DOCKET NO.:

QMT-2R US

INVENTOR:

Lerner & Schultz

FILED:

06/29/2001

TITLE:

COSMETIC COMPOSITION AND METHOD

ART UNIT:

1616

EXAMINER:

Lamm, Marina

I hereby revoke all previous powers of attorney given in the above-identified application and hereby appoint as attorney/agent of record for this case, with whom all future correspondence in this case is to be had, for purposes of prosecution of this application, all continuations, divisions, reissues or foreign equivalents or derivatives thereof:

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I am OR I am an authorized employee of the: Applicant/Inventor/Assignee of record

Signature of Applicant or Assignee of Record:

Name:

David Day, Director, Office of Technology Licensing, University of

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Signature:

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p. 1

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Dec . 22 - 03 . 09PM;

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I am OR I am an authorized employee of the: Applicant/Inventor/Assignee of record

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Name:

David Leiner, President Quick-Med Technologies, Inc.

Signature:

Telephono.

T-361-750-4202/